Schools Build Assets Student Information Form

Student Information

First Name:	Last Na		
What name does the youth prefe	er to be called? _		
Male Female Age: _	Grade:	Date of Birth: _	SS#
Ethnicity: (Mark all that apply) Hispanic or Latino Native Hawaiian / Other Pacific Islander White / Caucasian Other:		America Asian	African American an Indian or Alaska Native
Family Information			
Parent/Guardian First Name:		Last Name:	
Address:		City:	ZIP
Home Phone:		Cell Phone:	
Work Phone:		Email:	
Medical and Emergency Infor	mation_		
Name:]		Relationship to child:	
Home Phone: V		Work Phone:	
Please list any medical condition any illnesses, and any condition including medications.		-	
Office Use Only			
Please fill in the number of	Please fill in the		Please fill in the number of
occurrences in the school year before the program.	occurrences while in the program.		occurrences in the school year following the program.
Unexcused absences Detentions Suspensions Expulsions	Unexcused abse Detentions Suspensions Expulsions		Unexcused absences Detentions Suspensions Expulsions